Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: Summary	ummary				
PHA Nam	g Authority of				FFY of Grant: 2011
Marion	Capital Fund Program Grant No: SC16P021501-11 Replacement Housing Factor Grant No: Date of CFFP:	21501-11			FFY of Grant Approval:
Type of Ga ⊠ Origin	Type of Grant Original Annual Statement Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	ion no:	
1 ::0	A CHAMBER AND DEVELOPMENT A COURT	Total Fo	timated Cost		Total Actual Cost 1
rame	Cultillary by Development Account	Original	Revised ²	Obligated	Expended
_	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
3	1408 Management Improvements	15000.00			
4	1410 Administration (may not exceed 10% of line 21)	5000.00			
5	1411 Audit	2000.00	The state of the s		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	28000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	36000.00	The state of the s		
10	1460 Dwelling Structures	400660.00			
11	1465.1 Dwelling Equipment—Nonexpendable	15000.00			
12	1470 Non-dwelling Structures	15000.00			
13	1475 Non-dwelling Equipment	25000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4			o de la companio de l	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

		remouremouremouremouremouremouremouremou	SC21-11 bath	new med	SC21-4 Bath	wear	SCZ1-1 upgr		The state of the s	Non	Non	Dwe	Site	Fees	Audit		PHA-Wide Man		Development Number C Name/PHA-Wide Activities	PHA Name: Housing Authority of Marion	Dant II. Comparting Pages
		remove existing ceramic tile on walls around tubs, replace with new surround, remove bathtubs, replace with new tubs remove and replace vanities	bathroom upgrades	new vanities, bathtubs, surrounds, medicine cabinets, faucets	Bathroom Upgrades	weatherstripping	receptacles, light switches	Dwelling Structures	0	Non-Dwelling Equipment	Non-Dwelling Structures	Dwelling Equipment	Site Improvements	Fees & Costs	it	Administration	Management Improvements		General Description of Major Work Categories		
		ls und, ubs						1460		1475	1470	1465.1	1450	1430	1411	1410	1408		ork Development Account No.	Grant Type and Number Capital Fund Program Grant No: SC16P021501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:	
			30 units		5		summ oor												Quantity	Vo: SC16P021501 Grant No:	
								400660:00	H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25000.00	15000.00	15000.00	36 000.00	28 000.00	2000.00	5 000.00	15000.00	Original Revised	Total Estimated Cost		
																		ed Funds Obligated ²	st Total Actual Cost	Federal FFY of Grant: 2011	
																		Funds Expended ²	Cost	2011	
																			Status of Work		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Date	using Director	Signature of Public Housing Director	Date 7/14/2011	Signature of Executive Director Date	Signature of Ex
	an Laboratory (Amount of line 20 Related to Energy Conservation Measures	25 Amoun
				Amount of line 20 Related to Security - Hard Costs	24 Amour
		A. A. Lawrence		Amount of line 20 Related to Security - Soft Costs	23 Amoun
				Amount of line 20 Related to Section 504 Activities	22 Amour
				Amount of line 20 Related to LBP Activities	21 Amour
			541660.00	Amount of Annual Grant: (sum of lines 2 - 19)	20 Amour
				1502 Contingency (may not exceed 8% of line 20)	19 1502 C
				9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba 9000 C
				1501 Collateralization or Debt Service paid by the PHA	<u>-</u>
ed Expended	Obligated	Revised ²	Original		
Total Actual Cost 1		Total Estimated Cost		Summary by Development Account	Line Summ
on Report	Final Performance and Evaluation Report	∏ Fir		Performance and Evaluation Report for Period Ending:	Performance :
ion no:	Revised Annual Statement (revision no:	□ Re	ies	nual Statement Reserve for Disasters/Emergencies	Original Annual Statement
					Type of Grant
	FFY of Grant:2011 FFY of Grant Approval:			Grant Type and Number Capital Fund Program Grant No: SCI 6P021501-11 Replacement Housing Factor Grant No: Date of CFFP:	PHA Name: Housing Authority of Marion
•				Ŋ	Part I: Summary
Expires 4/30/2011					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Dort III. Implementation Schoolule for Capital Rund Ringarding Program	dula for Capital Rund	Rinancina Program	The state of the s		
PHA Name: Housing Authority of Marion	ity of Marion	x mannyang x x og x um			Rederal FFY of Grant: 2011
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	07/14/2013		07/14/2015		
SC21-1,4,11	07/14/2013		07/14/2015		
True - Translation and the					
The state of the s					

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: S	Part I: Summary			
PHA Nan Marion	PHA Name: Housing Authority of Marion Grant Type and Number Capital Fund Program Grant No: SC16P021501-11 Replacement Housing Factor Grant No: Date of CFFP:	21501-11		FFY of Grant: 2011 FFY of Grant Approval:
Type of Grant Original A	pe of Grant Original Annual Statement Original Annual Statement Original Annual Statement Original Follows Original Annual Statement	☐ Revised Annual Statement (revision no:	ent (revision no: () () () () () () () () () (
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost 1
	K. K.	Original Revised ²	Obligated	Expended
-	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) ³			
ω	1408 Management Improvements	20000.00		
4	1410 Administration (may not exceed 10% of line 21)	7000.00		
5	1411 Audit	2000.00		
6	1415 Liquidated Damages			
7	1430 Fees and Costs	36000.00		
∞	1440 Site Acquisition			
9	1450 Site Improvement	35000.00		
10	1460 Dwelling Structures	517915.00		
11	1465.1 Dwelling Equipment—Nonexpendable	15000.00		
12	1470 Non-dwelling Structures	20000.00		
13	1475 Non-dwelling Equipment	25000.00	The state of the s	
14	1485 Demolition			
15	1492 Moving to Work Demonstration		Additional to the state of the	
16	1495.1 Relocation Costs			
17	1499 Development Activities 4			

To be completed for the Performance and Evaluation Report.
 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary	mmary			7777 - 64444	***************************************
PHA Name: Housing Authority of Marion	thority Grant Type and Number Capital Fund Program Grant No: SC16P021501-11 Replacement Housing Factor Grant No:		EFY o	FFY of Grant:2011 FFY of Grant Approval:	
Type of Grant					
Origin	Original Annual Statement Reserve for Disasters/Emergencies	nergencies	☐ Revised A	Revised Annual Statement (revision no:	
Perfor	Performance and Evaluation Report for Period Ending:		☐ Final Perf	Final Performance and Evaluation Report	
Line	Summary by Development Account	1	Total Estimated Cost	Total Ac	Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				The state of the s
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
10	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	677,915			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				111111111111111111111111111111111111111
Signatuy	Signature of Executive Director	Date 07/07/2011	Signature of Public Housing Director	Director	Date
	AND STATES OF THE STATES OF TH				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

							ALL THE REAL PROPERTY OF THE P	
							remove and replace vanities	
							remove bathtubs, replace with new tubs	
							around tubs, replace with new surround,	
				- 1.			remove existing ceramic tile on walls	
					30 units		bathroom upgrades	SC21-11
							medicine cabinets, faucets	
							new vanities, bathtubs, surrounds,	
					5		Bathroom Upgrades	SC21-4
							weatherstripping	
							receptacles, light switches	
					100 units		upgrade electrical-new light fixtures,	SC21-1
				517915.00		1460	Dwelling Structures	
				25000.00		1475	Non-Dwelling Equipment	
				20000.00		1470	Non-Dwelling Structures	
				15000.00		1465.1	Dwelling Equipment	
				35000.00		1450	Site Improvements	
				36000.00		1430	Fees & Costs	
				2000.00	, LAMBER	1411	Audit	
				7000.00		1410	Administration	
				20000.00		1408	Management Improvements	PHA-Wide
	Funds Expended ²	Funds Obligated ²	Revised 1	Original				
CAR	Cost	I Otal Avtual	Estimated Cost	TOTAL ESTIMA	Quantity	Account No.	General Description of Major Work Categories	Development Number Name/PHA-Wide Activities
Status of Work	Cost	Total Actual Cost	ated Cost		Omantity			
					rant No:	CFFP (Yes/ No): Replacement Housing Factor Grant No:	CFFP (Replac	
	011	Federal FFY of Grant: 2011	Federal i	-11	o: SC16P021501	Grant Type and Number Capital Fund Program Grant No: SC16P021501-11		PHA Name: Housing Authority of Marion
								Part II: Supporting Pages
		The state of the s						

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

17	16	15	14	13	12	11	10	9	*	7	6	5	4	ţ	2	-		Line	Type of Gra Original Perform	PHA Name AUTHORI	Part I: Summary
1499 Development Activities 1	1495.1 Relocation Costs	1492 Moving to Work Demonstration	J485 Demolition	1475 Non-dwelling Equipment	1470 Non-dwelling Structures	1465.1 Dwelling Equipment—Nonexpendable	1460 Dwelling Structures	1450 Site Improvement	1440 Site Acquisition	1430 Fees and Costs	1415 Liquidated Damages	[4]] Audit	1410 Administration (may not exceed 10% of line 21)	1408 Management Improvements	1406 Operations (may not exceed 20% of line 21) 3	Total non-CFP Funds		Summary by Development Account	Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending: 06/30/2011	PHA Name: HOUSING AUTHORITY OF MARION Grant Type and Number Capital Fund Program Grant No: SC16P02150110 Replacement Housing Factor Grant No: Date of CFFP:	ımmary
							595,415	35,000		38,000		2,000	2,500	5,000			Original	1		02150110	
																	Revised ²	Total Estimated Cost	☐ Revised Annual Statement (revision no:☐ Final Performance and Evaluation Report		
and the second s							527390.00	35000.00		38000.00		2000.00	1129,05	3515.60			Obligated	Tota	ıt (revision no:) valuation Report		
							73350.00	11815.00		29750.00			1129.05	3515.60			Expended	Total Actual Cost		FFY of Grant: 2010 FFY of Grant Approval:	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

	The state of the s	The second secon							Additional and property and pro		PHA-WIDE						2021-3	5001 5				PHA-WIDE		Activities	Development Number Name/PHA-Wide			PHA Name: HOUSING	Part II: Supporting Pages
								To a real Application for the second	LANDSCAPING	TREE REMOVAL	SITE IMPROVEMENTS	NEW FAUCETS	BATHROOM VANITIES	REPLACE WITH NEW TEXTURE	TEXTURES	REMOVE EXITING CEILING	FLOOR TILE,	TEES & COIS	TITE D COCTO	AUDIT	ADMINISTRATION	MANAGEMENT IMPROVEMENTS			General Description of Major Work Categories	Replace	Capital CFFP ()	AUTHORITY OF MARION	
WWY marks											1450						1460	1430	1711	1411	1410	1408	The party of the p		Development Account No.	Replacement Housing Factor Grant No:	Capital Fund Program Grant No: 2010 CFFP (Yes/ No):	Grant Type and Number	
											35,000						020,913	38,000	20,000	2 000	2.500	5,000			Quantity	ant No:	: 2010		
																							Original		Total Estima				
																							Revised 1		Estimated Cost			Federal F	
										35000.00	2000						52/390.00	38000.00	00.00	2000_00	1129.05	3515.60	Funds Obligated ²		Total Actual Cost			Federal FFY of Grant: 2010	
									_	11815.00	11015 00						/3350.00	29750.00		And the state of t	1129.05	3515.60	Funds Expended ²		Sost			10	
						The state of the s				Not Completed	Not Completed	Completed	Completed	Completed			Not Completed	The state of the s							Status of Work				***************************************

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Expires 4/30/2011

Part I: Summary	ımnary				
PHA Name:			FFYO	FFY of Grant:2010	
AUTHORITY OF MIARION	TY OF Capital Fund Program Grant No: SC16P02150110 Replacement Housing Factor Grant No: Date of CFFP: 2010		FFY of	FFY of Grant Approval:	
Type of Grant				Attention of the state of the s	
l Origin	Original Annual Statement Reserve for Disasters/Emergencies	cies	☐ Revised Ar	Revised Annual Statement (revision no:	-
X Perfor	N Performance and Evaluation Report for Period Ending: 06/30/2011		Final Perfe	Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estin	Total Estimated Cost	Total A	Total Actual Cast 1
		Original	Revised?	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18bu	9000 Collateralization or Debt Service paid Via System of Direct			To the second se	
5	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	677,915		607034.65	119559.65
11	Amount of line 20 Related to LBP Activities				The state of the s
22	Amount of line 20 Related to Section 504 Activities	92		The state of the s	
23	Amount of line 20 Related to Security - Soft Costs	and the second s	The state of the s		The state of the s
24	Amount of line 20 Related to Security - Hard Costs				ministry.
29	Amount of line 20 Related to Energy/Conservation Measures				
Signature	of the cutive Director	Date 07/07/2011 Signatur	Signature of Public Housing Director	Director	Date
(

¹ To be completed for the Performance and Evaluation Report.

To be completed for the Performance and Evaluation Report or a Revised Annual Statement,

PHAs with under 250 units in management may use 100% of CFP Grants for operations.

RHF funds shall be included here.

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program		A. T. C.	
PHA Name: HOUSING AUTHORITY OF MARION	THORITY OF MARIO	NC			Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	07/14/2012	and the second s	07/14/2014		
0.51-0	0//14/2012		07/14/2014		
		AAA AAA AAA AAA AAA AAA AAAA AAAA AAAA AAAA	100,000		
- Address of the state of the s					

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: Summary

PHA Nan Marion	PHA Name: Housing Authority of Grant Type and Number Capital Fund Program Grant No: SC16P021501-9 Replacement Housing Factor Grant No: Date of CFFP:	.1501-9			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant Original A Performan	Type of Grant ☐ Reserve for Disasters/Emergencies ☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ▼ Performance and Evaluation Report for Period Ending: 6/30/2011		☐ Revised Annual Statement (revision no:1☐ Final Performance and Evaluation Report	evision no:1) uation Report	
Line	Summary by Development Account	Tota			Total Actual Cost 1
	THE PARTY OF THE P	Original	Revised ²	Obligated	Expended
_	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
(J)	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3500.00	3500.00	3500.00	1591.77
5	1411 Audit	2500.00	2500.00	2500.00	The second secon
6	1415 Liquidated Damages		The state of the s	and the page of the second	
7	1430 Fees and Costs	46000.00	40000.00	40000.00	33156.00
8	1440 Site Acquisition	10500.00	.00		
9	1450 Site Improvement	.00	16500.00	16500.00	16500.00
10	1460 Dwelling Structures	590671.00	590671.00	449000.00	271060.00
11	1465.1 Dwelling Equipment—Nonexpendable		15000.00	15000.00	4364.20
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	30000.00	15000.00		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities '				

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⁴

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

n II. Connecting Pages								5	
PHA Name: Housing Authority of Marion	thority of Marion	Grant Type and Capital Fund Proj CFFP (Yes/ No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: SC16P021501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: SC16P021501- ant No:	.09	rederal h	Federal Fr Y of Grant: 2009	,	
Development Number Name/PHA-Wide	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	ost	Status of Work
Activities					Original	Revised	Funds Obligated ²	Funds Expended ²	
			100					1 17	
PHA-Wide	Administration		1410		3500.00	3500.00	3500.00	1.7.1661	
	Audit		1411			2500.00	00.00.00	22156 00	
	Fees & Costs		1430		-	16500.00	16500 00	16500 00	
	Site Improvement		1430			500671 00	110000 00	371060 00	
	DWELLING STRUCTURES		1460	3	00.179065	00.179065	449000.00 271000.00	2/1000.00	
SC21-2	Remove wall-hung sinks or existing	g		99					- - - - - -
	vanities and replace with new								completed
	Replace old faucets			99	******				Completed
	Do soof unite			110					completed
SC21-5	Re-1001 units		į	110					not complete
	Install new floor tile			110			1.1	-	not complete
	Replace vinyl baseboard with wood	Ъ		110					not complete
	baseboard								
			19.54						
PHA-Wide	Dwelling Equipment		1465.1		.00	15000.00	15000.00	4364.20	
h h h h	Non-Dwelling Equipment	į	1475		30000.00	15000.00			
					-				
	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1								

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Ame	Signature	25 A	24 A	23 A	22 A	21 A	20 A	19 1	18ba 9	18a I		Line	X Perform	Original	Type of Grant	Part I: Summary PHA Name: Housing Authority of Mairon
	Signature of Executive Director Date	Amount of line 20 Related to Energy Conservation Measures	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant:: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA		Summary by Development Account	Performance and Evaluation Report for Period Ending:	Original Annual Statement		imary Grant Type and Number Capital Fund Program Grant No: SC16P021501-09 Replacement Housing Factor Grant No: Date of CFFP:
07/07/2011							683171.00				Original	Tota		ies		
	Signature of Public Housing Director			1,44		- i i	683171.00				Revised ²	Total Estimated Cost	Final	□ Kevis] ;	হা
	ing Director						526500.00	A Control of the Cont			Obligated		Final Performance and Evaluation Report	Revised Adinual Statement (revision no. 1		FFY of Grant:2009 FFY of Grant Approval:
	Date						326671.97				Expended	Total Actual Cost			,	

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⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of Marion	edule for Capital Fund ity of Marion	Financing Program			Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Prince Control of Cont				1000	
PHA-Wide	9/14/2011	THE CARLES OF TH	9/14/2013		
SC21-2-5	9/14/2011	TO A COLOR AND THE REAL PROPERTY OF THE PROPER	9/14/2013	P P P P P P P P P P P P P P P P P P P	
		77.4874			
		- 10.00%			Total Control of the
MAN WAS A					The state of the s
					17.17 (17.17)

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

	The state of the s								
Part II: Supporting Pages PHA Name: Housing Authority of Marion		Grant Typ	Grant Type and Number Capital Fund Program Grant No.	. SC16S021501	-09	Federal F	Federal FFY of Grant: 2009	09	1111
		Capital Fun CFFP (Yes/ Replacemer	Capital Fund Frogram Grant No. 3C 193021501707 CFFP (Yes/ No): Replacement Housing Factor Grant No:	ant No:	2				<u></u>
Development Number Name/PHA-Wide	General Description of Major Work Categories		Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	Cost	Status of Work
7 XODA A MACCO					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Administration		1410		3000.00	2761.03	2761.03	2761.03	
	Fees & Costs		1430		46000.00	57936.00	57936.00	5/936.00	
	Site Improvements		1450		155650.00	155650.00	155650.00	155650.00	-
	Surveillance Cameras21-2,5								completed
	Resurfacing Parking Areas 21-2,5								
***************************************	Striping Parking areas and numbering	ing							completed
	21-1,2,11		1460		626131.00	614433.97	614433.97	614433.9/	
	new floor tile, baseboard								
	re-foofing of units			130					
	Sc21-5								
	Replaced windows with energy effecient	ecient		920					completed
	other work items were moved forward	/ard							
	to 501-09 and 501-10								
					, in a second				
THE PARTY OF THE P									

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part I: Summary	ummary				FFV of Grant: 2009
PHA Nam Marion	PHA Name: Housing Authority of Marion Grant Type and Number Capital Fund Program Grant No: SC16S021501-09 Replacement Housing Factor Grant No: Date of CFFP:	21501-09			FFY of Grant Approval: 2009
Type of Grant Original A	original Annual Statement Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	evision no:) valuation Report	
Line	Summary by Development Account	T	Total Estimated Cost		Total Actual Cost
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
w	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3000.00	2761.03	2761.03	2761.03
5	1411 Audit				
6	1415 Liquidated Damages			The second secon	
7	1430 Fees and Costs	46000.00	57936.00	57936.00	57936.00
8	1440 Site Acquisition				
9	1450 Site Improvement	155650.00	155650.00	155650.00	155650.00
10	1460 Dwelling Structures				
=	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Non-dwelling Structures	626131.00	614433.97	614433.97	614433.9/
13	1475 Non-dwelling Equipment				
14	1485 Demolition		The state of the s		
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

¹To be completed for the Performance and Evaluation Report.

²To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

¹PHAs with under 250 units in management may use 100% of CFP Grants for operations.

RHF funds shall be included here.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

Part I: Summary	mary				
PHA Name: Housing Authority of Marion	Grant Type and Number Capital Fund Program Grant No: SC 16S021501-09 Replacement Housing Factor Grant No: Date of CFFP:		FP	FFY of Grant Approval: 2009	
Type of Grant	t				•
Original	Original Annual Statement Reserve for Disasters/Emergencies	rgencies	☐ Revised	Revised Annual Statement (revision no:	
Perform	Performance and Evaluation Report for Period Ending: 6/30/2010		X Fin:	X Final Performance and Evaluation Report	ort
l ine	Summary by Development Account	Тс	Total Estimated Cost	Tota	Total Actual Cost
		Original	Revised ²	Obligated	Expended
18 a 1	1501 Collateralization or Debt Service paid by the PHA				
18ba 9	9000 Collatoralization or Debt Service paid Via System of Direct Payment				
				and the state of t	
19 1	1502 Contingency (may not exceed 8% of line 20)				
20 A	Amount of Annual Grant:: (sum of lines 2 - 19)	830781.00	830781.00	830781.00	830781.00
21 A	Amount of line 20 Related to LBP Activities				
22 A	Amount of line 20 Related to Section 504 Activities				
23 ^	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs	75000.00			
25/ /	Amount of line 20 Related to Energy Conservation Measures	341000.00		Transfer of the state of the st	
Signature	Signature of Descutive Director	Date 07/07/2011	Signature of Public Housing Director	ng Director	Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program	edule for Capital Fund	Financing Program	, , , , , , , , , , , , , , , , , , ,		
PHA Name: Housing Authority of Marion	ity of Marion				Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter F	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
SC21-1,2,5,11	3/17/2010	3/17/2010	3/17/2012	7/19/2010	
- The state of the		730 (14)			
Andrew Andrews			and the state of t		
A ANALYSIS OF THE STATE OF THE					
And the second s				and and a second	
Copin vi					
		a all programmes and the second secon		- providing goods.	op pro-incern i manifesta de proprieta de pr

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

rare 1: Summary	amary	**************************************			
PHA Name: H Marion	PHA Name: Housing Authority of Marion Capital Fund Program Grant No: SC16P021501-08 Replacement Housing Factor Grant No: Date of CFFP:	1501-08			FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant Original A Performan	pe of Grant Original Annual Statement Original Annual Statement Original Annual Statement Or Performance and Evaluation Report for Period Ending:		Revised Annual Statement (revision no: Revised Annual Statement (revision Report)	n no:	
Line S	Summary by Development Account	Total E	Total Estimated Cost		Total Actual Cost
		Original	Revised ²	Obligated	Expended
T.	Total non-CFP Funds				
2 14	1406 Operations (may not exceed 20% of line 21) 3	2000.00		2000.00	2000.00
3 14	1408 Management Improvements	10000.00		10000.00	10000.00
4 12	1410 Administration (may not exceed 10% of line 21)	2000.00		2000.00	2000.00
5 12	1411 Audit	2000.00		2000.00	2000.00
9 1/	1415 Liquidated Damages				
7 14	1430 Fees and Costs	45000.00	the ship of the same former to recommend the same of t	45000.00	45000,00
8	1440 Site Acquisition				
9 14	1450 Site Improvement	15000.00		15000.00	15000.00
10 14	1460 Dwelling Structures	555328.00		555328.00	555328.00
11 14	1465.1 Dwelling Equipment—Nonexpendable	10000.00		10000.00	10000.00
12 14	1470 Non-dwelling Structures				
13 14	1475 Non-dwelling Equipment	15000.00		15000.00	15000.00
14 14	1485 Demolition				
15 14	1492 Moving to Work Demonstration				
16 14	1495.1 Relocation Costs				
17 14	1499 Development Activities 1				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Signz	2.4	24	23	2:2	21	20	19	18ba	18a		Line	ă J		Type o	PHA Name: Housing Au of Marion	Part I
Signature of the	Armount	Amount	Amount	Amount	Amount	Amount	1502 Co	9000 Co.	1501 Co		Summar	erformance an	Original Annual Statement	Type of Grant	PHA Name: Housing Authority of Marion	Part I: Summary
xecutive Director	Amount of line 20 Related to Energy Conservation Measures	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant:: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA		Summary by Development Account	Performance and Evaluation Report for Period Ending:	al Statement Reserve for Disasters/Emergencies		Grant Type and Number Capital Fund Program Grant No: SC16P021501-08 Replacement Housing Factor Grant No: Date of CFFP:	
Date 07/07/2011						656328.00				Original			gencies			
Signatur											Total Estimated Cost					
Signature of Public Housing Director										Revised ²	ited Cost	ĭ Final Per	☐ Revised A		FFY o	
Director						656328.00				Obligated	١.	X Final Performance and Evaluation Report	Revised Annual Statement (revision no:		FFY of Grant:2008 FFY of Grant Approval:	
Date						656328.00				Expended	Total Actual Cost		_			

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

RHF funds shall be included here.

Part II: Supporting Pages					Endare F	EV of Crant 201	n &	
PHA Name: Housing Authority of Marion	thority of Marion	Grant Type and Number Capital Fund Program Grant No: SC16P021501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:	s: SC16P021501 rant No:	. 08	Hederal H	Federal FF Y of Grant: 2008	~	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work Development Account No.	Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	ÒSI	Status of Work
				Original	Revised 1	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	Operations	1406		2,000		2000.00	2000.00	
	Management Improvements	1408		10,000		10000.00	10000.00	
	Administration	1410		2,000		2000.00	200.00	
	Fees & Costs	1430		45 000		45000.00	45000.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Site Improvements	1450		15,000		15000.00	15000.00	
	Sidewalks, Tree Removal							A STATE OF THE STA
	Equipment	1465		10,000		10000.00	10000.00	
	Non-Dwelling Equipment	1475		15,000		15000.00	15000.00	
	Dwelling Structures	1460		555,328		555328.00	555328.00	completed
SC21-2	Re-placed Floor tile		130					
	Replace Vinyl baseboard with wood baseboard	Od.	130					
	Re-roof units		130					
	Removed and replaced toilets, exhaust fans in bathrooms	haust	44					

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of Marion	edule for Capital Fund ity of Marion	Financing Program			Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditurc End Date	Actual Expenditure End Date	
PHA-Wide	6/12/2010	6/12/2010	6/12/2012	7/19/2010	
SC21-2	6/12/2010	6/12/2010	6/12/2012	7/19/2010	
		emelek debini de degraf werner er de Legal, de lande de d	and the second s		
	And Andrew Spring Sprin				

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

			THE PERSON NAMED IN COLUMN NAM			
Part	Part I: Summary				1	Toring No.
PHA	PHA Name/Number	List	Locality (City/	Locality (City/County & State)		Work Statement for Vear 5
>	Development Number and	Work Statement for Year 1	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	FFY 2014	FFY 2015
;		FFY 2011				
ъ.	Physical Improvements	18696188 38666661	525915	525915	525915	525915
	Subtotal		· · · · · · · · · · · · · · · · · · ·			30000
Ç	Management Improvements		20000	20000	20000	25000
Ď	PHA-Wide Non-dwelling		25000	25000	25000	23000
	Structures and Equipment				10000	40000
म्	Administration		40000	40000	40000	67000
Ή.	Other		67000	67000	6/000	0,000
Ģ	Operations					To a depth of the second of th
H	Demolition		1444.			
ij	Development		i i i i i i i i i i i i i i i i i i i	La Carrette	1.00	
J.	Capital Fund Financing -					
	Debt Service					
7	Total CFP Funds		LANGE CONTRACTOR OF THE PARTY O		in the second se	
Ľ	Total Non-CFP Funds		LLANT, LANT,			21015
Z	Grand Total		677915	677915	6//913	0//910

Part	Part I: Summary (Continuation)	tion)				
PHA	PHA Name/Number		Locality (City/county & State)	ounty & State)	☐Original 5-Year Plan ☐	Revision No:
>	Development Number	Work Statement for	Work Statement for Year 2 FFY	Work Statement for Year 3 FFY	Work Statement for Year 4 FFY	Work Statement for Year 5 FFY
		Year 1 FFY				
	and the second	Notice the State of the State o				
	d d date dates and dates a				and the second s	
	And the state of t				- Industry Admitory property	
					- A A A A A A A A A A A A A A A A A A A	
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					A LA	
					Andrew Trans.	

Work Statement for]	Work Statement for Year _2_ FFY 2012 Chaptity Est	Estimated Cost	Development	- ≠	Work Statement for Year: 3 FFY 2013 Quantity
Year 1 FFY	Development	Quantity	Estimated Cost	Development Number/Name		Quantity
1	General Description of Major Work Categories			General Description of Major Work Categories	on of gories	on of gories
	SC21-1,2		LALLESTER .	SC21-4		
1	Upgrade Electrical		250000	Re-roof houses		5
	Interior upgrades cont'd		185915	Foundation repairs	airs	airs
	Exterior improvements Soffit/fascia,vinyl	Only on units needing repairs	50000	Interior upgrades	des	des
	Upgrades to railings and porches	100 units	40000	Flooring/sheetrock/bath Room upgrades	ock/bath ades	ock/bath ades
				SC21-2		
			· · · · · · · · · · · · · · · · · · ·	Renovate office bldg	ce bldg	ce bldg
	- CHARLES - CHAR			SC21-1		
				Paving/resurfacing,	facing,	facing,
				parking areas, striping/numbering parking spaces	ceas, tbering	cas, bering aces
			1.00 April	Replace and add park benches in elderly	d park lerly	d park lerly
	ALLOW TO THE PARTY			Z - J - widing		
				Landscaping/Erosion control	rosion	rosion
	A ALAMANTA					
	Latin to the state of the state		is the same of the			
	den de la contraction de la co		in,			
	447					
				- Wa		
	Company Compan		PART MARTIN			1.0
	1977		LEAN	- Address		
	Sul	Subtotal of Estimated Cost	\$525915		Sub	Subtotal of Estimated Cost

Capital Fund Program—Five-Year Action Plan

																	Skeleskel							Year 1 FFY	Work Statement for	Part II: Sup
Sub	The state of the s	11 - 121 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171			Replace bathtubs & srrrounds	SC21-5	appliances	Drainage improvements	The state of the s		Replace exhaust fans	SC21-2	appliances	New tub & surrounds	Drainage improvements	Cycle painting	Fencing	exhaust fans	Replace bathroom	SC21-1	Major Work Categories	General Description of	Number/Name	Development		Part II: Supporting Pages – Physical Needs Work Statement(s)
Subtotal of Estimated Cost																			28				,	Quantity	Work Statement for Year 4 FFY 2014	cal Needs Work State
\$525915				WITH THE PERSON OF THE PERSON	224915		10000	5000			00001		10000	200000	25000	20000	15000		6000					Estimated Cost	44	ement(s)
Sul								Striping /number parking areas	replacement	repairs/vinly	Soffit/fascia	landscaping	Cycle painting	SC21-11	Door replacement	Erosion control	Cycle painting	walls and ceilings	Drywall replacement	SC21-2	Major Work Categories	General Description of	Number/Name	Development		
Subtotal of Estimated Cost				-								:			Only units needing								,	Quantity	Work Statement for Year: 5 FFY 2015	
\$525915								7500			161415	10000	20000		27000	25000	20000		255000					Estimated Cost	•	

										///S/A/OHOPS//// 1	Moderated 1		2011	Year 1 FFY	Statement for	Part III: Supp
Subtotal of Estimated Cost	Communication and the state of						The state of the s			Inspector	Training	Computer Upgrades	General Description of Major Work Categories	Development Number/Name	FFY 2012	Part III: Supporting Pages – Management Needs Work Statement(s)
\$ 20,000										6,000	6,000	8,000		Estimated Cost	r	k Statement(s)
Subtotal of Estimated Cost										Inspector	Training	Computer Upgrades	General Description of Major Work Categories	Development Number/Name	FFY 2013	Wast Statement for Vent. 2
20,000			The state of the s							6,000	6,000	8,000		Estimated Cost		

Capital Fund Program—Five-Year Action Plan

													[[[\$\delegap(x)\delta][]	The second states and the second states are second states and second states are seco			Year 1 FFY	Work Statement for	Part III: Su
Subtotal of Estimated Cost											100	The state of the s	Inspector	Training	Computer Upgrades	General Description of Major Work Categories	Development Number/Name	Work Statement for Year 4 FFY 2014	Part III: Supporting Pages - Management Needs Work Statement(s)
\$ 20,000				77.74.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4				, representation of the second	minute de Adole de la compansión de la c			7,7,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	6,000	6,000	8,000	Estimated Cost		4	k Statement(s)
Subtotal of Estimated Cost	THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER		THE LABOR TO THE PROPERTY OF T	THE PROPERTY OF THE PROPERTY O	The second secon	THE PERSON OF TH	TO THE CONTRACT OF THE CONTRAC	THE PROPERTY OF THE PROPERTY O		177,000.000.000			Inspector	Training	Computer Upgrades	General Description of Major Work Categories		Work Statement for Year: 5	
20,000												2,000	6,000	6.000	8.000	Estimated Cost			***************************************

PHA Certifications of Compliance with PHA Plans and Related Regulations

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ____ 5-Year and/or \times _Annual PHA Plan for the PHA fiscal year beginning 10/01/1, thereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.

2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.

3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.

4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.

5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.

6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.

- 7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a
 pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing:
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- 9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- 10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

- 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- 13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
- 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- 16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
- 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
- 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
- 21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
- 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of Marion PHA Name	SC021 PHA Number/HA Code	
5-Year PHA Plan for Fiscal Years 20 * Annual PHA Plan for Fiscal Years 20		
I hereby certify that all the information stated herein, as well as any information stated herein, as well as any information prosecute false claims and statements. Conviction may result in criminal and	ion provided in the accompaniment herewith, is true and accurate Vor civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729	: Warning: HUD will , 3802)
Name of Authorized Official	Title	
Lisa Seabrook	Chairperson	
Signature O. P. Very	Date 06/14/2011	
)		

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Housing Authority of Marion	SC021
PHA Name	PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information pro- prosecute false claims and statements. Conviction may result in criminal and/or civil	vided in the accompaniment herewith, is true and accurate. Warning: HUD will penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official	Title
Lisa Seabrook	Chairperson
Signature Life Aug D	Date 06/14/2011

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of Marion

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- b. Establishing an on-going drug-free awareness program to inform employees ---
 - (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;
- d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.
- 2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Walnut Street, Watsonia St., Jones Ave., Manning St., Bee St., Spring St., Evans St., Rosewood Drive, Pickens Street, Blake Circle, Martin Luther King Blvd., Strawberry St., McMillan St., Bluff St., Wallace Circle, McIntyre Ct. Fladger St., Dickson Hghts., Gregg S Georgetown St., Wilford Ct.

I hereby certify that all the information stated herein, as w Warning: HUD will prosecute false claims and statements. 6 (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 38	vell as any information provided in the accompaniment herewith, is true and accurate. Conviction may result in criminal and/or civil penalties. (02)
Name of Authorized Official Anne Burroughs	Executive Director
Signature	Date 06/14/2011
Dwinger as	06/14/2011 form HUD-5007 ref. Handbooks 7417.1, 7475.13, 748

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Applicant Name	
Housing Authority of Marion	
Program/Activity Receiving Federal Grant Funding	
Capital Fund Grant	

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or a tempting to influence an officer or employee of an agency, a lember of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

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Name of Authorized Official

Title

Anne Burroughs

Executive Director

Signature

Date (mm/dd/yyyy) 06/14/2011

Previous edition is obsolete

form HUD 50071 (3/98) ref. Handboooks 7417.1, 7475.13, 7485.1, & 7485.3

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

3. Report Type: 2. Status of Federal Action: 1. Type of Federal Action: **b** a. contract a. bid/offer/application a. initial filing b. grant b. initial award b. material change For Material Change Only: c. cooperative agreement c. post-award year quarter ____ d. loan date of last report e. loan guarantee f. loan insurance 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name 4. Name and Address of Reporting Entity: and Address of Prime: Subawardee Prime Tier _____, if known: N/A Congressional District, if known: 4c Congressional District, if known: 7. Federal Program Name/Description: 6. Federal Department/Agency: N/A CFDA Number, if applicable: _____ 9. Award Amount, if known: 8. Federal Action Number, if known: b. Individuals Performing Services (including address if 10. a. Name and Address of Lobbying Registrant different from No. 10a) (if individual, last name, first name, MI): (last name, first name, MI): N/A 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact Signature: Anne Burroughs upon which reliance was placed by the tier above when this transaction was made Print Name: or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the **Executive Director** Title: required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. Telephone No.: (843)423-5242 Ext.7 06/14/201 Date: Authorized for Local Reproduction Federal Use Only: Standard Form LLL (Rev. 7-97)

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I, Rodney Berry	the	Mayor	certify	that	the	Five	Year	and
Annual PHA Plan of the	Housing Authority	of Marion	is consistent with	the C	Cons	olidat	ed Pla	ın of
South Carolina	prepared pu	rsuant to 24	FR Part 91.					

Signed / Dated by Appropriate State or Local Official

Resident Advisory Board Meeting and Comments

On June 7, 2011, the Resident Advisory Board of the Housing Authority of the City of Marion met at the Housing Authority's administrative office at 826 Walnut Street at 10:00 a.m. to review and discuss the Five Year and Annual Plan. Present at the meeting were: Claretha Conner Juanita Shaw Moses Spry

Anne Burroughs, Executive Director, was present and took the minutes for the meeting.

Anne Burroughs gave an update of the work completed and still in progress. Upcoming proposed work was discussed by all present.

The Board is very satisfied and happy with the work that has been done to improve all communities and wishes for these improvements to continue.

The Board expressed their appreciation for all the work accomplished to date. The Board also expressed they are excited about the upcoming improvements to be made.

Annual Plan Public Hearing

THURSDAY, JUNE 9, 2011.

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RESIDENT MEETINGS

Resident meetings were held January 5, 12, 19, 26, 2011.

Attached is sign-in sheets for those in attendance.

The Residents are very happy about all the improvements made to their units and communities.

The Residents were asked to make suggestions about continued improvements to their communities.

Recommendations made were additional outside lighting for security and toilets that automatically flush when used.

Additional lighting will be added; however, the toilets do not need replacing at this time.

Anne Burroughs

Executive Director

January 2011

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		25	<u></u>		4		Tue
	RESIDEN I MEETING 9:00 A. M. Blake Circle and Jones Avenue	St 26		RESIDENT MEETING 9:00 A. M. Walnut, Watsonia, Spring, Bee, Evans and Manning Streets ANNUAL PEST CONTROL 8:00 A.M 4:30 P.M.	RESIDENT MEETING 9:00 A.M. McMillan St., Wallace Circle, McIntyre Court and Bluff Road		Wed
		27	20	13	o		Thu
		28	21	14	7		FI
	EMERGENCY MAINTENANCE 206-4287 CURTIS GODROI T	NATHAN STANLEY	EMERGENCY MAINTENANCE 206-6655		EMERGENCY MAINTENANCE 206-6655	EMERGENCY MAINTENANCE 206-4287 CURTIS GODBOLT	Sat

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